

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:54

Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration
Media ID : SACDS Office of Applied Studie
Start Date : 01-JAN-91
End Date :
Follow-up :

Rhode Island's Treatment Episode Data Set
Version : 1

K = Key Field		System	<u>Rhode Island</u>
Item		Item	
No.	Treatment Episode Data Set		Value State System Data
1	System Transaction Type	-	Transaction Type Added to Each Record
K 2	State Code	RI	FIPS Code Added to Each Record
3	Reporting Date	-	Month and Year of Submission Added to Each Record

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Minimum

Rhode Island

Item No.	Treatment Episode Data Set	Item	Value	State System Data
K 1	Provider Identifier	01	Provider ID	
K 2	Client Identifier (Admission)	02	Client ID	
K 3	Co-Dependent/Collateral	05	Significant Other	
	2 No		N No	
	1 Yes		Y Yes	
K 4	Client Transaction Type	06	Transaction Type	
	A Initial Admission		01 Initial Admission	
	T Transfer/Change in Service		02 Transfer/Change in service	
	T Transfer/Change in Service		03 Update	
K 5	Date of Admission	08	Admission Date	
6	Number of Prior Treatment Episodes	-	-	
	0 0		01 0	
	1 1		02 1	
	2 2		03 2	
	3 3		04 3	
	4 4		05 4	
	5 Or More		06 5 or more	

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Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
7	Principal Source of Referral	14	Referral Source
01	Individual (includes self-referral))	01	Individual
02	Alcohol/Drug Abuse Provider	02	Alcohol/Drug Abuse Care Provider
03	Other Health Care Provider	03	Other Health Care Provider
04	School (Educational)	04	School (Educational)
04	School (Educational)	05	Student Assistance Program
05	Employer/EAP	06	Employer
05	Employer/EAP	07	Employee Assistance Program
06	Other Community Referral	08	Other Community Referral
06	Other Community Referral	09	DCF (Dept of Children and their Families)
07	Court/Criminal Justice/DUI/DWI	10	Court/Criminal Justice Referral
07	Court/Criminal Justice/DUI/DWI	11	TASC
8	Date of Birth	10	DOB
9	Sex	11	Sex
2	Female	F	Female
1	Male	M	Male
10	Race	12	Race
01	Alaska Native (Aleut, Eskimo, Indian)	01	Alaskan Native
02	American Indian (Other than Alaskan Native)	02	American Indian
03	Asian or Pacific Islander	03	Asian or Pcific Islander
04	Black or African American	04	Black
04	Black or African American	05	Cape Verdean
05	White	06	White
20	Other	07	Other
13	Asian		
23	Native Hawaiians or Other Pacific Islanders		

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Item		Item		Value		State System Data	
No.	Treatment Episode Data Set						
11	Ethnicity	13	Ethnicity				
01	Puerto Rican	01	Puerto Rican				
02	Mexican	02	Mexican				
03	Cuban	03	Cuban				
04	Other Specific Hispanic	04	Other Hispanic				
05	Not of Hispanic Origin	05	None of the above				
12	Education	14	Education				
13	Employment Status	19	Employment Status				
01	Full Time	01	Employed Full Time				
02	Part Time	02	Employed Part Time				
03	Unemployed	03	Unemployed				
04	Not in Labor Force	04	Not in Labor Force				
04	Not in Labor Force	05	Retired				
04	Not in Labor Force	06	Student				
04	Not in Labor Force	07	Disabled				
97	Unknown	08	Other				

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Item

Item

No. Treatment Episode Data Set

Value

State System Data

14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	24	Substance Abuse Problem Code, Primary, Secondary, Tertiary
01	None	01	None
02	Alcohol	02	Alcohol
03	Cocaine, Crack	03	Cocaine/Crack
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	04	Marijuana/Hashish
05	Heroin	05	Heroin
06	Non-Prescription Methadone	06	Non-prescription Methadone
07	Other Opiates and Synthetics	07	Other Opiates and Synthetics
08	PCP	08	PCP
09	Other Hallucinogens	09	Other Hallucinogens
10	Methamphetamine	10	Methamphetamine (Ice)
11	Other Amphetamines	11	Other Amphetamines
12	Other Stimulants	12	Other Stimulants
13	Benzodiazepine	13	Benzodiazepine
14	Other Tranquilizers	14	Other Tranquilizers
15	Barbiturates	15	Barbiturates
16	Other Sedatives or Hypnotics	16	Other Sedatives or Hypnotics
17	Inhalants	17	Inhalants
18	Over-the-Counter	18	Over the Counter
20	Other	19	Other

15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiart-15C)	25	Usual Route of Administration
01	Oral	01	Oral
02	Smoking	02	Smoking
03	Inhalation	03	Inhalation
04	Injection (IV or intramuscular)	04	Injection
20	Other	05	Other

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Item

Item

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16 Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)**26 Frequency of Use Code**

01 No past month use

01 No past month use

02 1-3 times in past month

02 1-3 times in the past month

03 1-2 times per week

03 1-2 times per week

04 3-6 times per week

04 3-6 times per week

05 Daily

05 Daily

17 Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)**27 Age of First Use Drug or Alcohol**

00 Indicates a Newborn with a substance dependency problem

00 Newborn

00-95 Indicates The Age at First Use

00-96 00-96

K 18 Type of Services**04 Services**

01 Hospital Inpatient (Detox, 24 hour Service)

01 Hospital Inpatient

02 Free-standing Residential (Detox, 24 hour Service)

02 Free Standing Residential

03 Hospital (other than detox)

03 Hospital (Other than detox)

04 Short-term, (30 days or fewer)

04 Short term (30 days or less)

05 Long-term, (more than 30 days)

05 Long term (over 30 days)

06 Intensive Outpatient

06 Intensive Outpatient

07 Non-Intensive Outpatient

07 Outpatient

08 Ambulatory Detoxification

08 Detoxification

07 Non-Intensive Outpatient

09 Outpatient Methadone Maintenance

08 Ambulatory Detoxification

10 Outpatient Methadone Detox

05 Long-term, (more than 30 days)

11 Residential Methadone Maintenance (long term)

04 Short-term, (30 days or fewer)

12 Residential Methadone Detox (short term)

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No.	Treatment Episode Data Set	Item	Value	State System Data
19	Opioid Replacement Therapy (Planned or Actual) Was Use of Methadone Planned/Actual	04	Use of Methadone Planned as Part of Treatment	
2	No	-	All Other Responses	
1	Yes	09	Outpatient Methadone Maintenance	
1	Yes	10	Outpatient Methadone Detox	
1	Yes	11	Residential Methadone Maintenance (long term)	
1	Yes	12	Residential Methadone Detox (short term)	

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis	-	Not Collected	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	26	History/Mental Illness per DSM III-R Criteria?	
	2 No		N No	
	1 Yes		Y Yes	
6	Pregnant at Time of Admission	-	Not Collected	
7	Veteran Status	-	Not Collected	
8	Living Arrangements	17	Living Arrangements	
	01 Homeless		01 Homeless	
	02 Dependent Living		02 Dependent Living	
	03 Independent Living		03 Independent Living	
	02 Dependent Living		04 Incarcerated	

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Item

Item

No. Treatment Episode Data Set

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State System Data

9	Source of Income/Support	21	Primary Source of Income
01	Wages/Salary	01	Wages/Salary
02	Public Assistance	02	AFDC
02	Public Assistance	03	GPA
02	Public Assistance	04	SSI
04	Disability	05	TDI (Temporary Disability Income)
20	Other	06	Unemployment Compensation
03	Retirement/Pension	07	Retirement/Pension
04	Disability	08	Disabled (Public/Private)
20	Other	09	Other

No longer effective as of: 12-31-2002

9	Source of Income/Support	21	Primary Source of Income
01	Wages/Salary	01	Wages
02	Public Assistance	02	Public Assistance
03	Retirement/Pension	03	Retirement
04	Disability	04	Disability
20	Other	20	Other

10	Health Insurance	-	Not Collected
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Item

Item

No. Treatment Episode Data Set

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State System Data

11	Expected/Actual Primary Source of Payment	23A	Primary Source of Payment
01	Self-Pay	01	Self Pay
02	Blue Cross/Blue Shield	02	Private Insurance
03	Medicare	03	Medicare
04	Medicaid	04	Medical Assistance - Medicaid
05	Other Government Payments	05	MHRH/Division of Substance Abuse
05	Other Government Payments	06	Other State Department
05	Other Government Payments	07	Federal (other ADAMHA block grant)
05	Other Government Payments	08	Veteran's Administration
06	Worker's Compensation	09	Worker's Compensation
07	Other Health Insurance Companies	10	Other Private Insurance
07	Other Health Insurance Companies	11	CHAMPUS
07	Other Health Insurance Companies	12	HMO
08	No Charge (Free, Charity, Special Research or Teaching)	13	Free Service
09	Other	14	Other

12	Detailed Not in Labor Force	19	Employment Status
98	Not Collected	-	All other codes
06	Other	04	Not in Labor Force
03	Retired	05	Retired
02	Student	06	Student
04	Disabled	07	Disabled

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Optional

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Item

Item

No. Treatment Episode Data Set

Value

State System Data

13 Detailed Criminal Justice Referral Categories

- 01 State/Federal Court
- 02 Other Court (Not State or Federal)
- 03 Probation/Parole
- 04 Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board
- 04 Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board
- 05 Diversionary Program (E.G. TASC)
- 06 Prison
- 07 DUI/DWI
- 08 Other

15 Criminal Justice Referral

- 01 State/Federal Court
- 02 Formal Adjudication Process
- 03 Probation/Parole
- 04 Recognized Legal Entity
- 05 Youth Correctional Facility
- 06 Diversionary Program (TASC)
- 07 Prison
- 08 DUI/DWI
- 09 Other

No longer effective as of: 12-31-2002

13 Detailed Criminal Justice Referral Categories

- 01 State/Federal Court
- 02 Other Court (Not State or Federal)
- 03 Probation/Parole
- 04 Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board
- 05 Diversionary Program (E.G. TASC)
- 06 Prison
- 07 DUI/DWI

15 Criminal Justice Referral

- 01 Court
- 02 Adjudication
- 03 Probation
- 04 Other
- 05 Diversionary
- 06 Prison
- 07 DUI

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Optional

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No.	Treatment Episode Data Set	Item	Value	State System Data
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14	Marital Status	09	Marital Status
01	Never Married	01	Never Married
02	Now Married or Cohabiting	02	Now Married
02	Now Married or Cohabiting	03	Co-habiting
03	Separated (legally or otherwise absent)	04	Separated
04	Divorced	05	Divorced
05	Widowed	06	Widowed

15	Days Waiting to Enter Treatment	-	Not Collected
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Discharge

Rhode Island

Item No.	Treatment Episode Data Set	Item	Value	State System Data
104	Provider ID (At Discharge)	-	????	Provider at Discharge
105	Client Identifier - (At Discharge)	-	????	Client ID at Discharge
106	Co-Dependent/Collateral At Discharge	-	????	Codependent/Collateral at Discharge
109	Service at Discharge	-	???	Services at Discharge
146	Date of Last Contact	38		Last Date of Contact w/Client
147	Date of Discharge	32		Discharge Date
149	Reason for Discharge , Transfer or Discontinuance of Treatment	35		Reason for Discharge
01	Treatment Complete	1		Completed Treatment - No Substance Use
01	Treatment Complete	2		Completed Treatment - Some Substance Use
04	Transferred to Another Substance Abuse Treatment Program or Facility	3		Discharge to Another Treatment Provider
03	Terminated by Facility	4		Discharge for Non-Compliance
07	Other	5		Left Voluntarily before Completion
07	Other	6		No Contact within 30 days (outpatient only)
05	Incarcerated	7		Incarcerated
06	Death	8		Death

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report